

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033337

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 311

Primary Registration District No. 4456 Registrar's No. 2

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		c. CITY OR TOWN <u>Montrose</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellett Memorial Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>RR # 2</u>	

3. NAME OF DECEASED (Type or print) First <u>Julie</u> Middle <u>Wanner</u> Last <u>Wanner</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>10</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>14 Oct 1876</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Montrose Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Tane Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Wanner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs Mattie Anderson</u> Address <u>Raytown Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL DEGENERATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 DA.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED</u>		<u>CHRONIC</u>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	Month <u>-</u> Day <u>-</u> Year <u>-</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>-</u>	

21. I attended the deceased from <u>NOV 1954</u> to <u>NOV</u> and last saw her alive on <u>AUG 10 1963</u>	
Death occurred at <u>12:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>R.H. Braumberger</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Appleton City Mo.</u>	22c. DATE SIGNED <u>Aug 10 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 12 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stone's chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>
24. FUNERAL DIRECTOR <u>Sickman Dunning</u>	ADDRESS <u>Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 13 1963</u>	26. REGISTRAR'S SIGNATURE <u>Pauline Davis</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton Mo.

Note:—The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.